S. No. 2
M—5-43
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I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23293

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2880

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours 30 min (Specify whether years, months or days)
In this community 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Mt. Washington
(If outside city or town limits, write "RURAL")
(d) Street No.: 509 Winner Court 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: HELEN LUCILLE WILLIAMS

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: female 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: single 0

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: June (Month) 6 (Day) 1926 (Year)

8. AGE: Years 19 Months 1 Days 23 If less than one day hr. min.

9. Birthplace: Independence (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation: Student

11. Industry or business:

FATHER
12. Name: Jay Ernest Williams
13. Birthplace: Turk (City, town, or county) Kansas (State or foreign country) 1

MOTHER
14. Maiden name: Georgia L Cox
15. Birthplace: Belton (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Georgia Williams
(b) Address: 509 Winner Court

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7 (Month) 11 (Day) 1945 (Year)
(c) Place: burial or cremation: Woodlawn Cemetery

18. (a) Signature of funeral director: Geo. C. Carson Funeral Home
(b) Address: Independence Missouri

19. (a) 7-9-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1945 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from 7:30 P.M. July 8, 1945 to 1:45 A.M. July 9, 1945 that I last saw her alive on July 9, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Eclampsia

Due to: 148a

Due to:

Other conditions (Include pregnancy within 3 months of death): Full term Pregnancy

Major findings: Of operations: Cesarean section

Of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Richard G. Fillman (M. D. or other)
Address: 1420 Professional Bldg. Date signed: 7-9-45

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P.O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.